



SAE / Government Meeting

Washington, D.C.

May 2005

CIREN



Overview of the Enhancements and Changes in the CIREN Program

History of Phase One

- Established 1997 (7 centers)
 - Four Federal centers
 - Three GM centers (3 years)
- By 2001 three additional centers
 - Industry and private funding
- Core concentration
 - Serious and/or disabling injury
 - Multidisciplinary research approach
 - Medicine and Engineering essential

Harborview Injury
Prevention & Research
Center, Seattle, WA

San Diego County
Trauma System,
San Diego, CA

Prostate Hospital &
Medical College of Wisconsin

University Program
For Injury Research &
Education,
Ann Arbor, MI

New Jersey Medical School
Newark, NJ

University of Maryland
National Study Center
Baltimore, MD

Children's National Medical
Center, Washington, DC

Honda Inova Fairfax Hospital
Falls Church, VA

Mercedes-Benz, U of Alabama

William Lehman Injury
Research Center,
U of Miami, FL

Phase One Major Accomplishments

- Over 2700 cases collected
- Over 100 related peer reviewed articles
- Multitude of outreach activities
- Biomechanical injury analysis
- Knee-Thigh-Hip discovery/project
- URGENCY algorithm
- ATLS and Field Triage update
- ACN research
- Outcome research

Improvements Needed

- **Data timeliness**
 - Streamline dataset
- **Uniform data collection and case analysis**
 - All centers in unison on process and procedure
- **Increased engineering input and data**
 - Engineering more involved
 - More engineering type data captured
- **Greater access to data**
 - More data exposure in NHTSA
 - Greater public access
 - Increased data access by centers

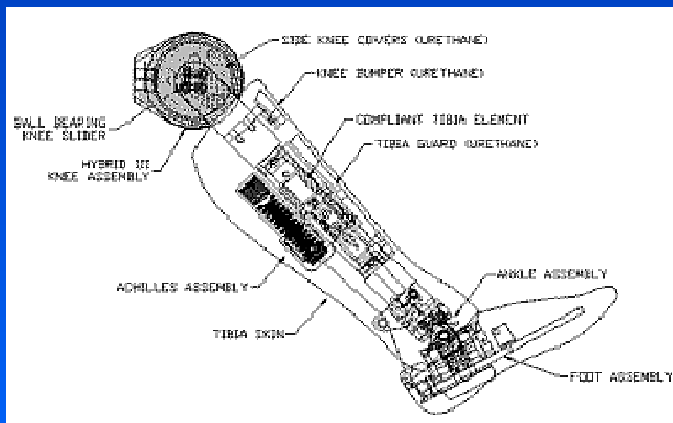
Improvements – Phase Two

- **Data timeliness**
 - Updated CIREN Coding Manual
 - Eliminates non-used data points and duplication
- **Uniform data collection and case analysis**
 - Updated CIREN Coding Manual
 - Establishes uniform practices and definitions
- **Increased engineering input and data**
 - Biomechanic Tab (in development)
 - Unique engineering data on each AIS 2+ injury coded
- **Greater access to data**
 - Multiple new CIREN accounts within NHTSA
 - Increased public cases
 - New servers will allow all cases to be shared
 - All data and graphics available to all sites F/T

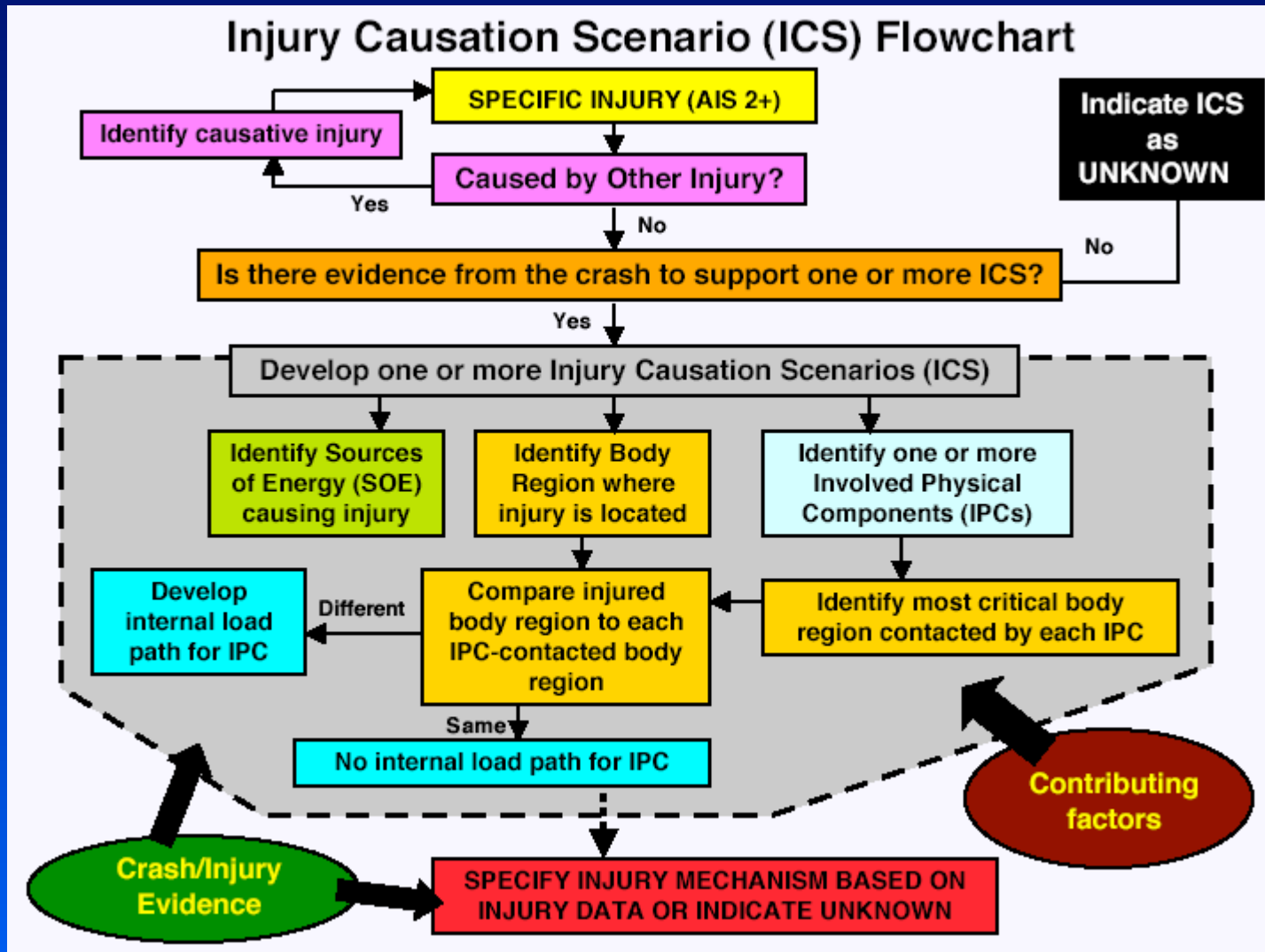
Improved Biomechanical Data



- Current data structure too general
- True biomechanical definitions needed
- Hard coded engineering data
 - Injury causation scenario (ICS)
 - Injury mechanisms



Improved Biomechanical Data



New Biomechanical Tab Flowchart

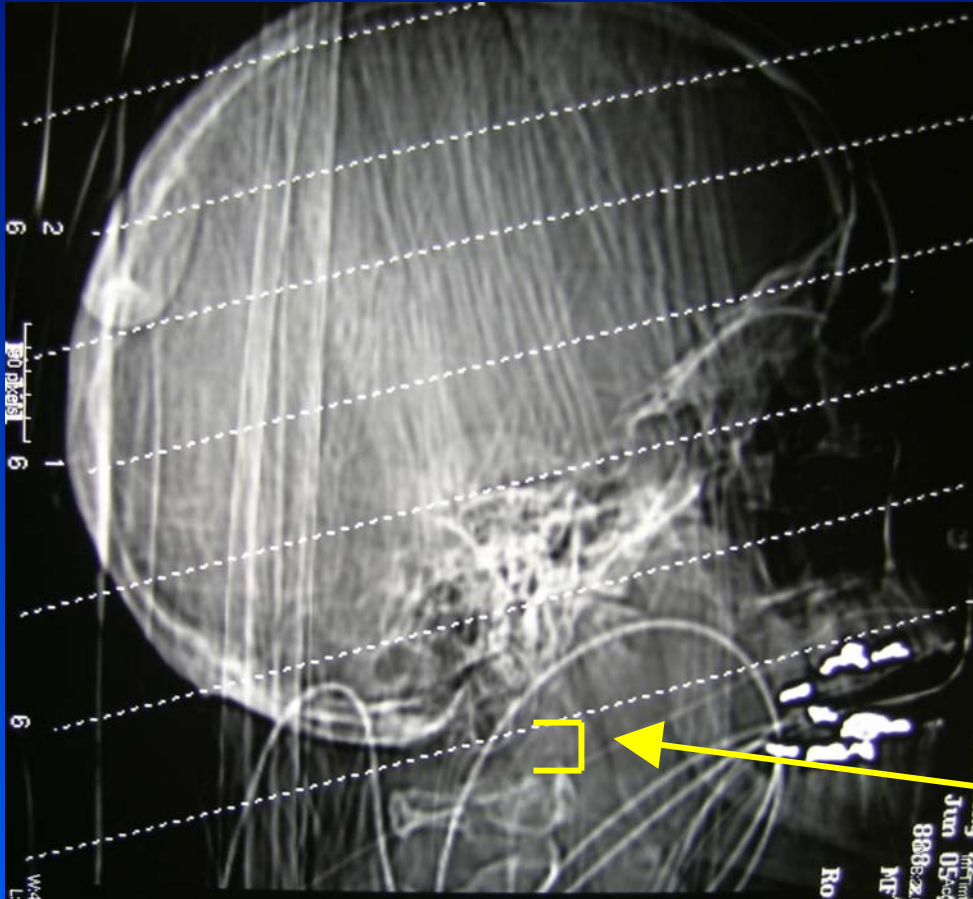
Bio Tab

Head / Face
Neck (soft tissue)
Cervical Spine
Shoulder
Upper Arm
Elbow
Forearm
Wrist
Hand
Chest
Thoracic Spine
Abdomen
Lumbar Spine / Sacrum
Pelvis
Hip Joint
Leg
Ankle
Foot

- New body region classification
 - Segments
 - Joints
 - Establish load paths
 - Cervical fx from safety belt (frontal)
-  • Indirect – Belt restraint webbing
-  • Belt restraint webbing to chest (ribs) to thoracic spine to cervical spine

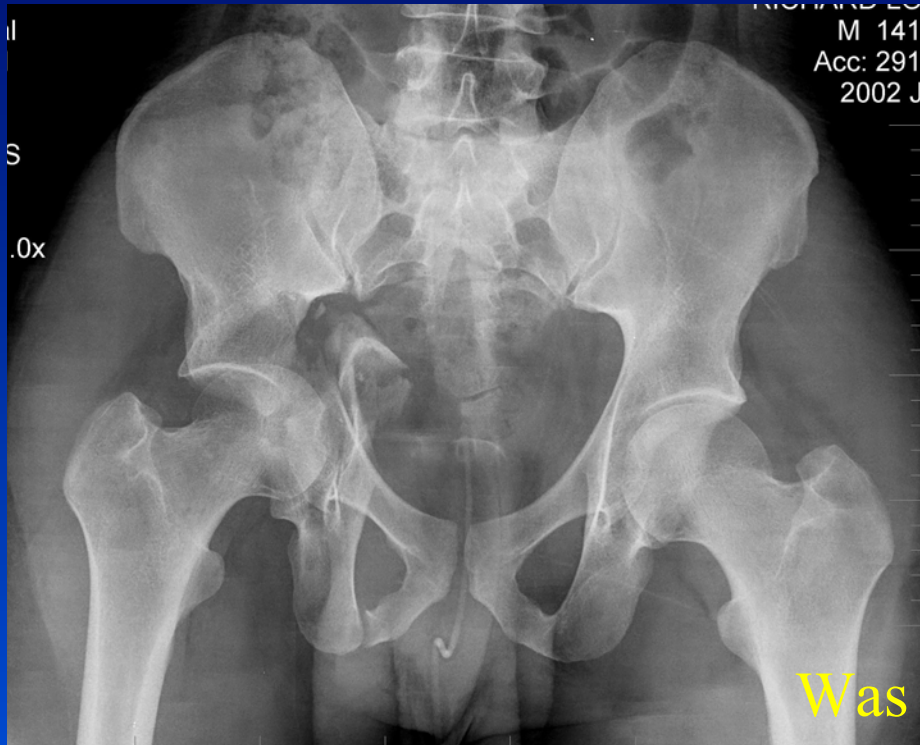
Both methods will be coded in CIREN

Bio Tab



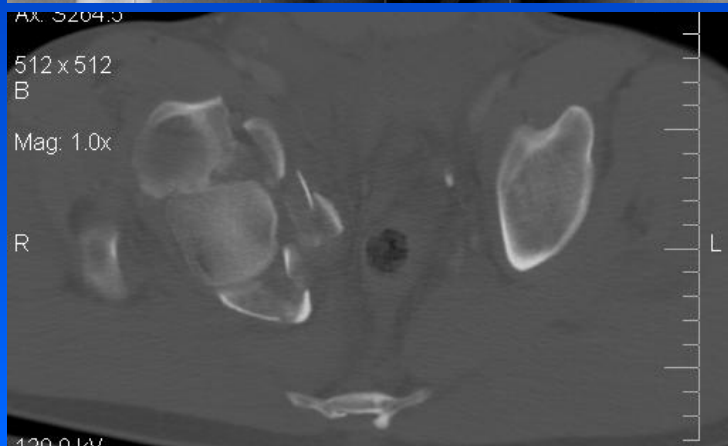
- Injury mechanism
 - General to all BR
 - Compression
 - Shear
 - Puncture
 - Cutting
 - Crushing
 - Heat
 - Chemical
- BR specific – example
 - Cervical Spine
 - Axial compression
 - Axial tension
 - Flexion
 - Extension
 - Lateral bending

Bio Tab Example

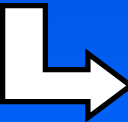


- Passenger side door impact
- Rt front passenger
 - Belted avg. adult
- Pelvic fractures
 - Rt acetabulum
 - Rt pubic rami

Was this injury caused by another injury?



NO



Injury Causation Scenario (ICS)

Evidence = Yes



- Kinematics
- Contact evidence
- Injury pattern
- Intrusion

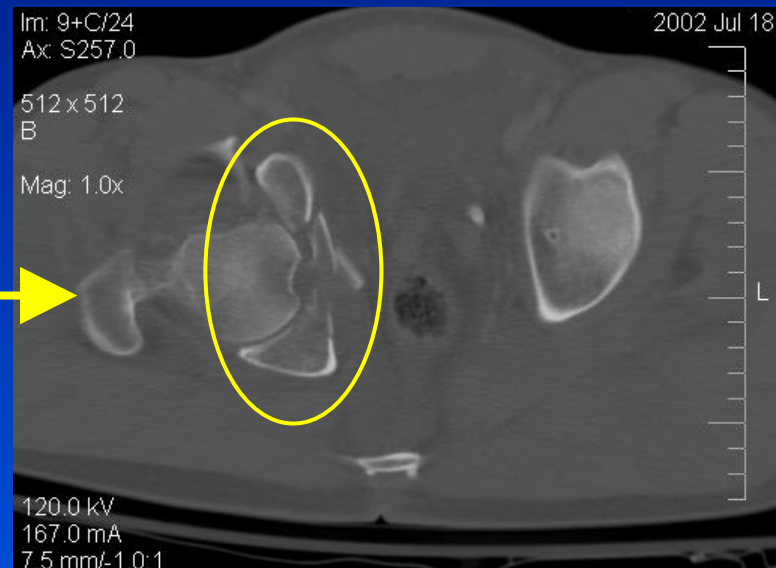
ICS Example

- 100 degree impact
- Occupant moves right as door intrudes
- Occupant contacts arm rest
 - Scuffing and transfers
 - Confidence - Certain



ICS Details

- Source of energy
 - CRASH
- Body region injured
 - HIP JOINT
- Involved Physical Component (IPC)
 - RIGHT SIDE DOOR ARMREST
- Body region contacted by IPC
 - THIGH
- Confidence = Certain



Was the injured BR directly contacted by the IPC?

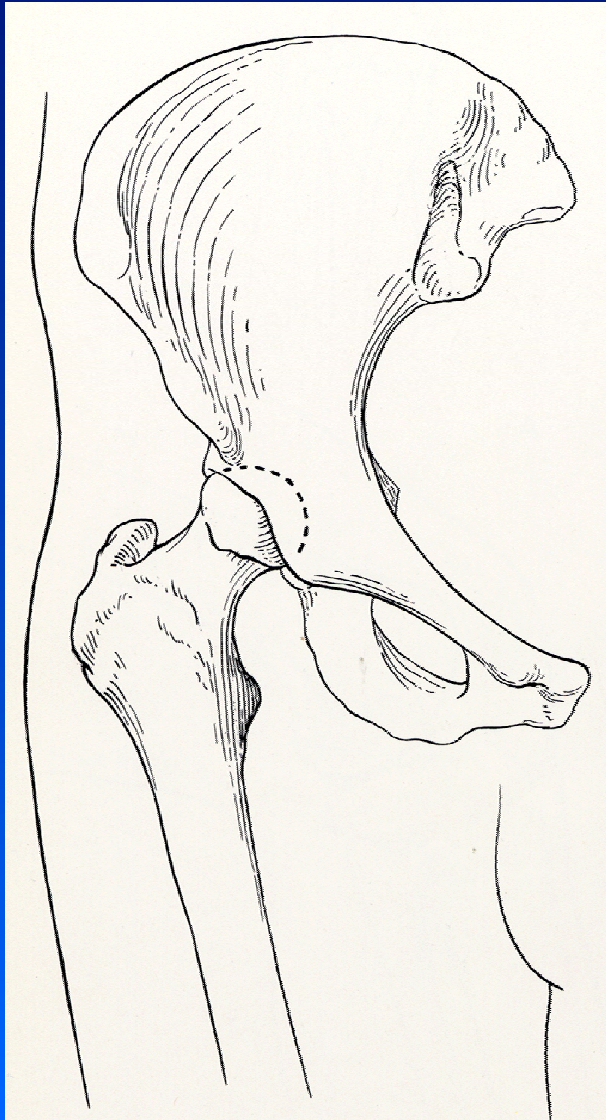
NO – Develop internal load path

Internal Load Path



- Energy path from injury to component
- Mult. body regions involved
- IPC to Thigh to Hip joint
 - IPC = arm rest

Injury Mechanism

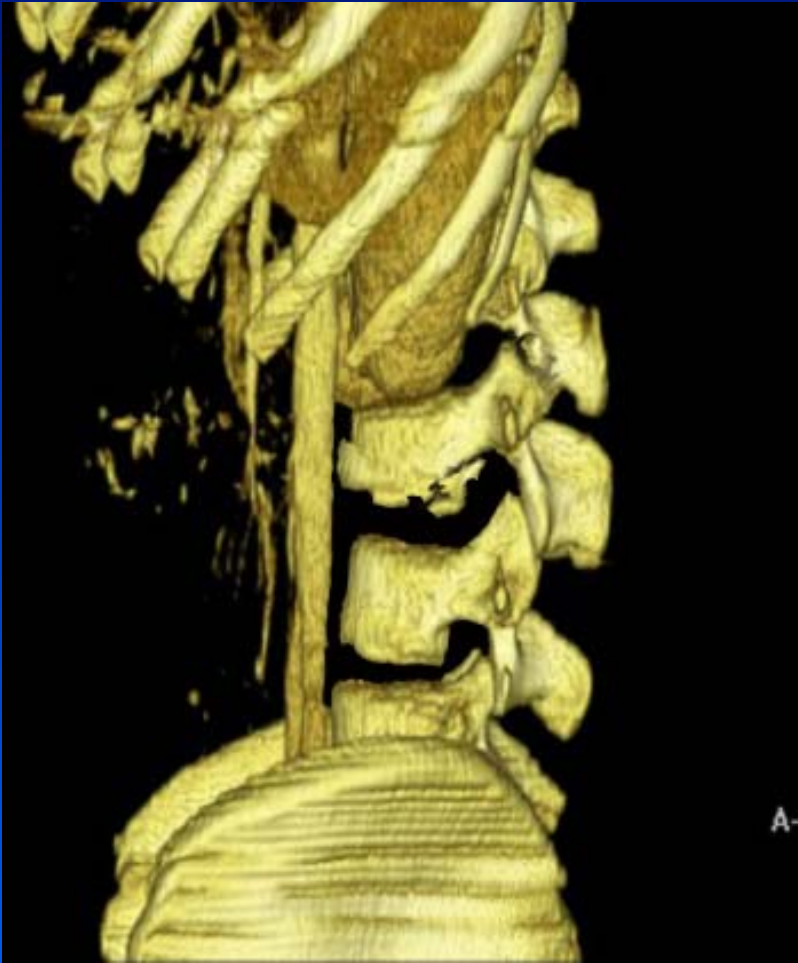


- **COMPRESSION**
- Compression of the femoral head into the acetabular socket
- Confidence = Certain

Bio Tab Data

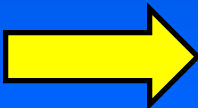
- 852604.3 Pelvic Fx (Acetabular fx – 808.0)
- Injured body region = Hip joint
- Energy from crash
- Involved physical component – Rt door arm rest
- Intrusion factor
- Energy path – Thigh to Hip joint
- Mechanism = Compression

Example 2



- Frontal crash
- 9 y/o 5' tall 120 lbs.
- Left rear passenger
- 3 pt. belt
 - Shoulder portion behind
- L3 spinal fx and post. ligament injury
- Multiple other abdominal injuries

Was this injury caused by another injury? - NO



ICS Evidence = YES



- Kinematics
- Contact evidence
- Injury pattern
- Interview data

ICS Example #2



- 340 degree impact
- Occupant moves forward
- Lap belt loaded (alone)
- Occupant “hinges” over lap belt
- Confidence = Certain



ICS Details

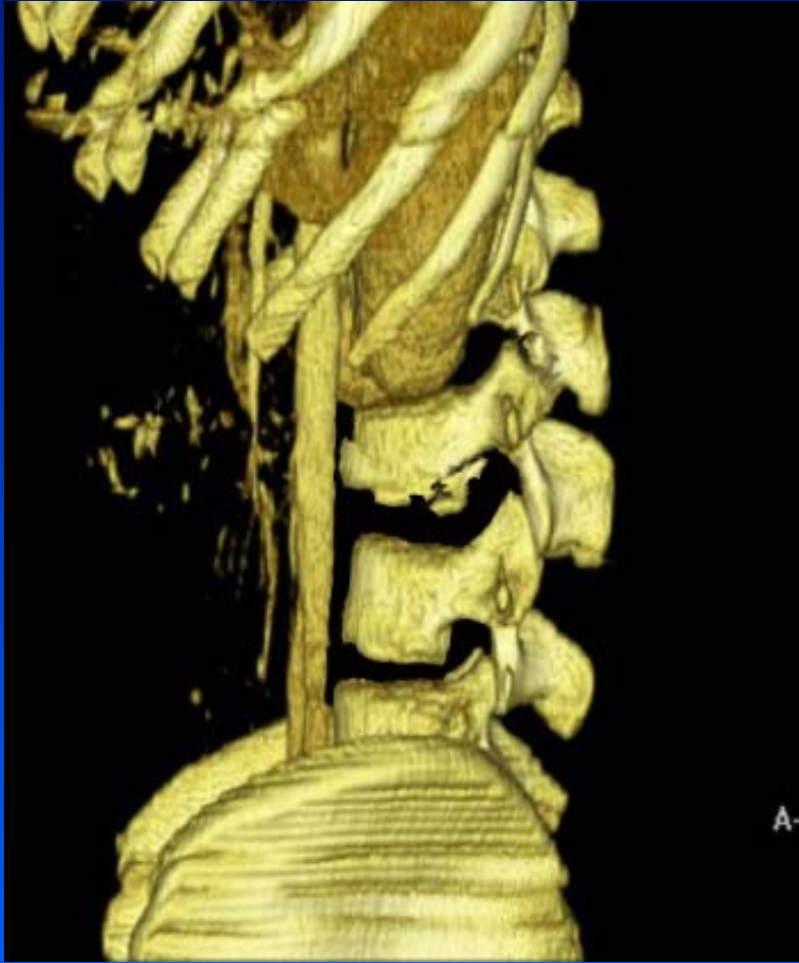


- Source of energy
 - CRASH
- Body region injured
 - LUMBAR SPINE
- Involved Physical Component (IPC)
 - BELT RESTRAINT WEBBING
- Body region contacted by IPC
 - ABDOMEN
- Confidence = Certain

Was the the injured BR directly contacted by the IPC?

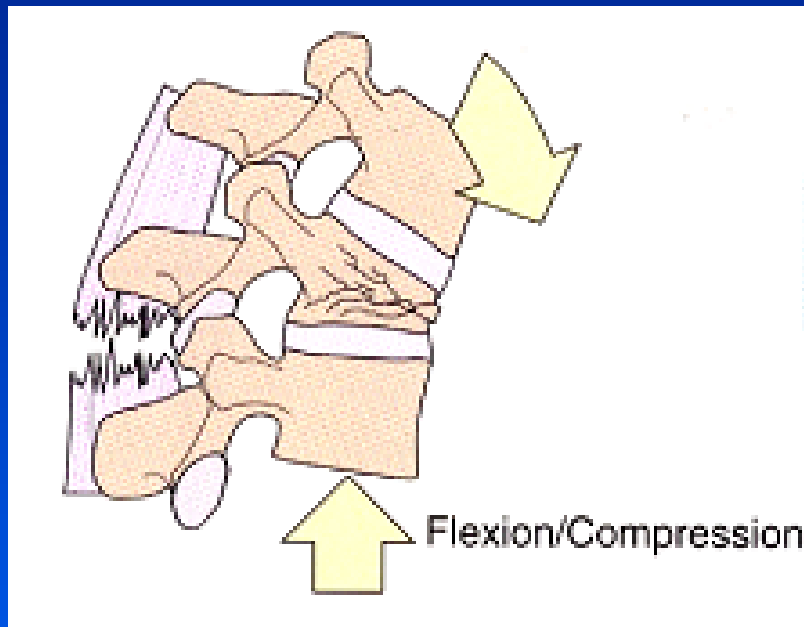
NO – Develop internal load path

Internal Load Path



- Energy path from injury to component
- Mult. body regions involved
- IPC to Abdomen to Lumbar spine
 - IPC = Belt restraint webbing

Injury Mechanism



- ***FLEXION
COMPRESSION***
- Flexion of the spine over the belt
- Compression on the vertebral body
- Confidence = Probable

Bio Tab Data Example #2

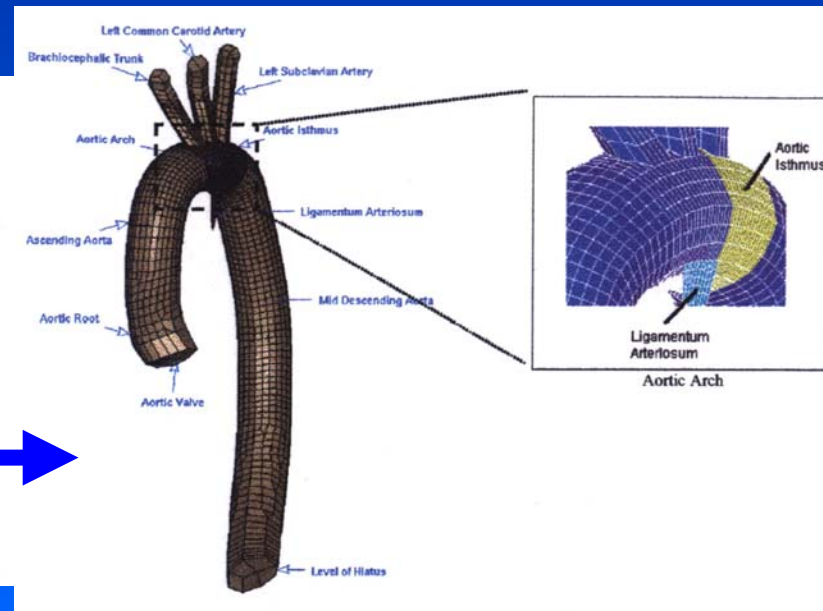
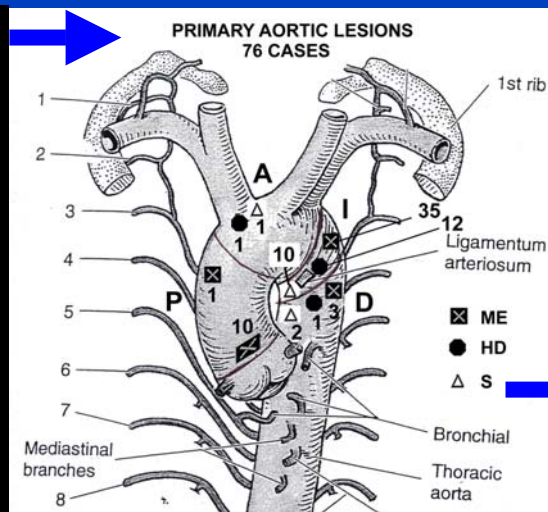
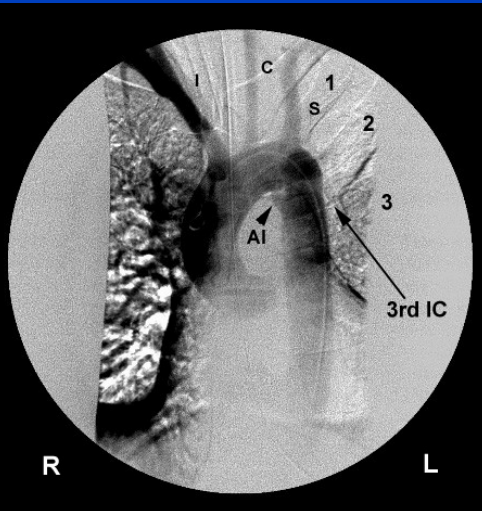
- 650622.3 L4 Facet Fx (Lumbar F/D – 53B1)
- Injured body region = Lumbar spine
- Energy from crash
- Involved component – Belt restraint webbing
- Improper belt use factor
- Energy path – Abdomen to lumbar spine
- Mechanism = Flexion and compression

Modeling and Simulation

Academia/Industry – Movement towards simulation

- Universal need for improved field data
 - New crash investigation techniques and data
 - Increased EDR data

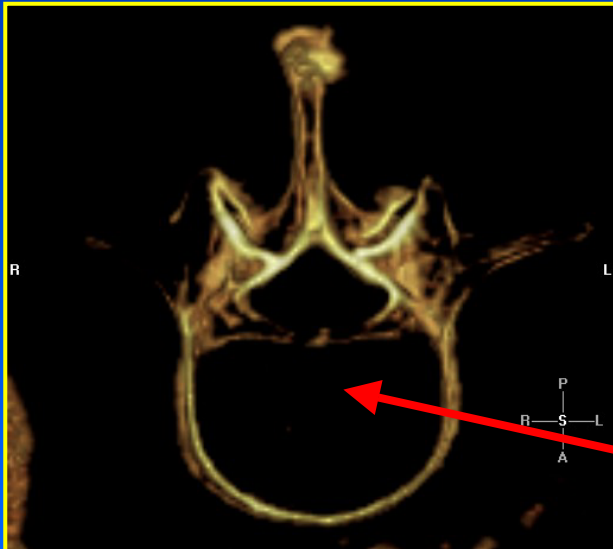
CIREN's Aortic Model



Medical Imaging Technology



Bone Density



16 y.o. male
L4 vertebrae
243 HU

75 y.o. female
L4 vertebrae
94 HU

- Improved radiology data capture
- Utilize the DICOM CAT scan images in CIREN
- Applications
 - Elderly tolerance
 - Exact anthropometric measurements
 - 3-D injury mapping



Thank You,

Questions?

